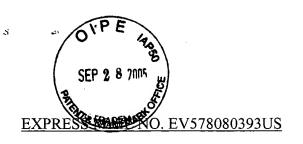
PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| न पा                                                                                                                                                                        | Olider the I                             | raperwori                                              | K Reduction Act of 1993 | o, no perso                                      | nis are requ                                                   | ired to respond to a conec | LION OF IIIO                                                      | manon u                                     | niess it displays a valid OMB control number.                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------------------------------------|----------------------------|-------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------|--|
| Ϊ -                                                                                                                                                                         | 40                                       |                                                        |                         |                                                  |                                                                | Application Num            | ber                                                               | 09/3                                        | 93,590                                                         |  |
| TRANSMITTAL                                                                                                                                                                 |                                          |                                                        |                         |                                                  |                                                                | Filing Date                |                                                                   | September 9, 1999                           |                                                                |  |
| FORM                                                                                                                                                                        |                                          |                                                        |                         |                                                  |                                                                | First Named Inve           | ntor                                                              | Elizabeth Moyer                             |                                                                |  |
| to be used for all correspondence after initial filing)                                                                                                                     |                                          |                                                        |                         |                                                  | d                                                              | Art Unit                   |                                                                   | 1645                                        |                                                                |  |
|                                                                                                                                                                             |                                          |                                                        |                         |                                                  |                                                                | Examiner Name              |                                                                   | Devi, S.J.N.                                |                                                                |  |
| То                                                                                                                                                                          | Total Number of Pages in This Submission |                                                        |                         |                                                  | 3                                                              | Attorney Docket 1          | Number                                                            | 312                                         | 42-701.201                                                     |  |
| ENCLOSURES (Check all that apply)                                                                                                                                           |                                          |                                                        |                         |                                                  |                                                                |                            |                                                                   |                                             |                                                                |  |
|                                                                                                                                                                             | Fee Transmittal Form                     |                                                        |                         | Drawing(                                         |                                                                | (s)                        |                                                                   |                                             | After Allowance communication to Technology Center (TC)        |  |
|                                                                                                                                                                             | Fee Attached                             |                                                        |                         |                                                  | Licensing-related Papers                                       |                            |                                                                   |                                             | Appeal Communication to Board of Appeals and Interferences     |  |
|                                                                                                                                                                             |                                          | endment/Reply –<br>nmunication Regarding<br>entorship  |                         |                                                  | Petition                                                       |                            |                                                                   |                                             | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |
|                                                                                                                                                                             | After Final                              |                                                        |                         | Petition to Convert to a Provisional Application |                                                                |                            |                                                                   |                                             | Proprietary Information                                        |  |
|                                                                                                                                                                             | Affidavits/declaration(s)                |                                                        |                         |                                                  | Power of Attorney, Revocation Change of Correspondence Address |                            |                                                                   |                                             | Status Letter                                                  |  |
|                                                                                                                                                                             | Extension                                | of Tim                                                 | ne Request              | Terminal Disclaimer                              |                                                                |                            |                                                                   | Other Enclosure(s) (please identify below): |                                                                |  |
|                                                                                                                                                                             | Express A                                | Abandor                                                | nment Request           | Request for Refund                               |                                                                |                            |                                                                   | 1) PTO/SB/08A;                              |                                                                |  |
|                                                                                                                                                                             | Informati                                | on Disc                                                | losure Statement        | CD, Number of CD(s)                              |                                                                |                            | <ul><li>2) 3 References; and</li><li>3) Return Postcard</li></ul> |                                             |                                                                |  |
|                                                                                                                                                                             | •                                        |                                                        |                         | Landscape Table on CD                            |                                                                |                            |                                                                   |                                             |                                                                |  |
|                                                                                                                                                                             |                                          | rtified Copy of Priority cument(s)                     |                         |                                                  | Remarks                                                        |                            |                                                                   |                                             | ·                                                              |  |
|                                                                                                                                                                             |                                          | ponse to Missing Parts/<br>emplete Application         |                         |                                                  |                                                                |                            |                                                                   |                                             |                                                                |  |
|                                                                                                                                                                             | Re                                       | Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 |                         |                                                  |                                                                |                            |                                                                   |                                             |                                                                |  |
|                                                                                                                                                                             |                                          |                                                        |                         | TURE                                             | OF APP                                                         | LICANT, ATTORN             | EY OR A                                                           | GENT                                        |                                                                |  |
| Firm                                                                                                                                                                        | Name                                     | WILS                                                   | ON SONSINI GOO          | DRICH                                            | & ROSA                                                         | TI                         |                                                                   |                                             |                                                                |  |
| Signature West 1. Hollen                                                                                                                                                    |                                          |                                                        |                         |                                                  |                                                                |                            |                                                                   |                                             |                                                                |  |
| Printed Name Albert P. Halluin                                                                                                                                              |                                          |                                                        |                         |                                                  |                                                                | ,                          | ·                                                                 |                                             |                                                                |  |
| Date September 28, 2005                                                                                                                                                     |                                          |                                                        |                         |                                                  |                                                                |                            | Reg. No.                                                          | 25,22                                       | 27                                                             |  |
|                                                                                                                                                                             | ν.                                       |                                                        | C                       | ERTIFIC                                          | CATE O                                                         | F TRANSMISSION             | /MAILIN                                                           | G                                           |                                                                |  |
| I hereby certify that this correspondence is being Express Mailed addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                                          |                                                        |                         |                                                  |                                                                |                            |                                                                   |                                             |                                                                |  |
| Signature Leads En                                                                                                                                                          |                                          |                                                        |                         |                                                  |                                                                |                            |                                                                   |                                             |                                                                |  |
| Typed or printed name Suzan Lindstrom                                                                                                                                       |                                          |                                                        |                         |                                                  |                                                                |                            | Date                                                              | September 28, 2005                          |                                                                |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT ATTORNEY DOCKET NO. 31242-701.201

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Applicants: Elizabeth Moyer et al. | ) | Confirmation No. 2967  |
|------------------------------------|---|------------------------|
| a 1.137                            | ) |                        |
| Serial No.: 09/393,590             | ) | Art Unit: 1645         |
| Filed: September 9, 1999           | ) | Examiner: DEVI, S.J.N. |
| Title: STABLE LIQUID FORMULATIONS  | ) | •                      |
| OF BOTULINUM TOXIN                 |   | •                      |

## **COMMUNICATION REGARDING INVENTORSHIP**

Mailstop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicants file these supplemental remarks for the Examiner's consideration in regards to the above referenced application. It has come to Applicant's attention in an unrelated matter that a third party has suggested several individuals should be named as inventors in the instant application. The individuals that the third party alleges are inventors were employed by said third party during the relevant period prior to filing of the instant application.

In response, Applicants' counsel believe they have investigated this allegation thoroughly by interviewing relevant parties, including the inventors, Elizabeth Moyer and Pamela Hirtzer, as well as with Dr. Paulette Settler, project leader and organizer for the filing assignee, Athena Neurosciences, and Carol Stratford, the attorney who prepared and filed the instant application. Applicants' counsel have also reviewed close to 10,000 documents surrounding the relevant period. The documents included laboratory notebooks and meeting notes, as well as monthly and quarterly

Docket No. 31242-701.201

Appl. No. 09/393,590

Supplemental Remarks dated September 28, 2005

summaries provided by Athena Neurosciences and jointly approved by said third party and Athena Neurosciences. In all of these documents and interviews, Applicants' counsel have found no evidence or suggestion of the existence of additional inventors that have not been named in the instant application. The named inventors worked with said third party's employees who assisted with the growth and culturing of the botulinum bacteria and purification of the toxin, but did not contribute as inventors to the instant claims.

Applicants' counsel believes, therefore, that they have fulfilled their duty of candor and faith to the U.S. Patent and Trademark Office under 37 C.F.R. § 1.56, and conclude that the instant application properly names the true inventors of the pending claims. Applicants encourage the Examiner to call the undersigned below should she have any questions regarding these supplemental remarks.

Respectfully submitted,

Date: September 28, 2005

By:

lbert P. Halluin

Reg. No. 25,227

650 Page Mill Road Palo Alto, California 94304-1050 (650) 849-3330 (858) 350-2307 Customer No. 021971